REGEIVED

State of Ohio

Office of Housing and Community Partnerships NOV 0 2 2015 Request for Payment and Status of Funds Report

Section One.	Request for Payment						
Submit to:		***************************************	Name and Address of Grantee	e:			
			Colen	nan Profess	sional Service	S	
Office of Com	io Development Services Agency ice of Community Development D. Box 1001 lumbus, Ohio 43216-1001 Intact Person/Telephone Number: Mary Dague, 330-676-8036 Number: Ction Two: Itemization of Expenditures ant Number * Activity Name * Activity Name * PL-14-7GJ-2 Homesless Prevention Rapid Rehousing Data Collection & Eval			5982 Rhod	es Road		
P.O. Box 1001			1	Kent, Ohio	44240		
Contact Perso	n/Telephone Number:		Community/Nonprofit #		S	tate Use Onl	y
Mary Da	ague, 330-676-8036		7GJ		Date:	11-13-	15
FTI Number:			Draw Number:		Voucher #		
			IRSACTREADERS A Service	66	Voucher #: Warrant #:	0 29 N	183
				0*	vvarrant #:	2305	2961
Section Two:	Itemization of Expend	itures					
Grant Number *	Activity Name *	Activity Nbr *	Enter the Housing Site Address (CDBG and HOME Funded Housing Activities Only)	Project Number (State Use Only)	Amount Requested	Approved Activity/Site Address Budget	Balance of Activity/Site Address Budget
S-L-14-7GJ-2	Homesless Prevention	1-1			50,605	202,421	50,606.00
			*				
	Rapid Rehousing	1-2			100,638	402,551	100,637.00
	Data Collection & Eval	1-4			3,132	12,528	3,132.00
		ļ.,					
	General Administration	1-5			8,125	32,500	8,125.00
			*				
		1					
		1		a manual management			
***		-					
	<u>a</u>						
	231						
	(=): =						
Total Amount		217			\$162,500		
	Attachment A of the Grant A		Evnenditureer Two Authorites	d Class	A D	11	
			Expenditures: Two Authorize				
ited and that the	amount drawn is proper for	payment	cordance with the terms and condition to the drawer's depositary. I also con Payment is not in excess of curren	ertify that the	rant Agreement data reported	(s)	
	Signature Linda	11/11	Son O	r riecus.	T	Title Billing Sup	pervisor
Date: 10/28/15 Countersignature Man W					-	Title Billing Coordinator	
State Use Only	101	1	7	THE SE		DS5 (Rev. 6/04	
Approved:	Date: 1/k						

DEVELOPMENT SERVICES AGENCY

,	*				CO	או טאוע	AVE	LLIN				
	VOUC	CHER NO.		INVO	ICE NUMBER	1	L	AST RECEIP	T DATE	Van Der te	Prepared	by:
HCPN00		0667GJ	11/02/2015									
								OAKS VENDO				
COLE	MAN F	ROFESS	SIONAL S	SERV				00000531				
5982	Rhodes	Road						ADD CO	DE	T	JOMA LATC	
Kent			ОН	44240-				02 - Chec	k	+		\$162,500.00
LN#	FUND	ACCOUNT	ALI	DEPT #	PROGRAM	GRANT/PRO	OJ	SERVICE LOCATION	REPTING	PROJECT	CROSS REF	BUDGET REF
01	6460	550054	195638	DEV201100	4052C			C0067	DEVLHC1			
	B	URCHASE	PDER NO		Line No		- Historia de la Companio de la Comp				LIN	E AMOUNT
		00000239	71		01-1-	S-L-	-14-70	GJ-2	36	+		\$162,500.00
LN#	FUND	ACCOUNT	ALI	DEPT #	PROGRAM	GRANT/PRO	OJ	SERVICE LOCATION	REPTING	PROJECT	CROSS	BUDGET REF
02											TTV	E AMOUNT
	F	URCHASE (ORDER NO	•	Line No						LIN	E AMOUNI
										+		
LN#	FUND	ACCOUNT	ALI	DEPT #	PROGRAM	GRANT/PRO	OJ	SERVICE LOCATION	REPTING	PROJECT	CROSS	BUDGET REF
03												
	E	PURCHASE	ORDER NO		Line No		-				LIN	E AMOUNT
										+		
LN#	FUND	ACCOUNT	ALI	DEPT #	PROGRAM	GRANT/PRO	OJ	SERVICE LOCATION	REPTING	PROJECT	CROSS REF	BUDGET REF
04												
	I	URCHASE	ORDER NO		Line No					1	LIN	E AMOUNT
										+		
LN#	FUND	ACCOUNT	ALI	DEPT #	PROGRAM	GRANT/PR	.OJ	SERVICE	REPTING	PROJECT	CROSS	BUDGET REF
05												
	1	PURCHASE	ORDER NO		Line No						LIN	E AMOUNT
										+		
LN#	FUND	ACCOUNT	ALI	DEPT #	PROGRAM	GRANT/PR	OJ	SERVICE LOCATION	REPTING	PROJECT	CROSS REF	BUDGET REF
06												
		PURCHASE	ORDER NO).	Line No						LI	E AMOUNT
										+		
						T HANDELIN						
-				ncy (If box :							ault to N	Jet 30)
Pa	ayment	Returns:		ttance Narra								
			Remi	ttance Narra	tive: (/0	Characters) Gra	iit#, iiicoi	Ce m, Accou	arc n		
S-	L-14-70	GJ-2						(,	\	,	,	
Div	ison Us	e: Apro	ved for	Payment	, ,		Fisc	al Us):\Ap	prayed for	Payment		
	h	1/1	27	11/9	7/15	4			1	IV BA	ANS	
/	11/	11		DI DI	ATE				7		DATE	

Warrant Number	Date	Total Gross Amount	Total Discounts	Total Late Charges	Total Paid Amount
0030592353	11/13/2015	\$182,624.00	\$0.00	\$0.00	\$182,624.00

Vendor Number: 0000053123

Gross Amount

162500.00

20124.00

Voucher ID

00297453

00297413

Discount Taken

0.00

0.00

PLEASE TEAR AT PERFORATION BEFORE CASHING CHECK

THIS IS OHIO WATERMARKED HAPER - DO NOT ACCEPT WITHOUT NOTING OHIO WATERMARK - HOUD TO JUISED TO VERIES OHIO WATERMARK **Development Services Agency** Budget & Finance 77 S. High Street 27th Floor Columbus

182 OH 43215-6130

Date 11/13/2015 503

Fund

Warrant No: 0030592353

0.00

0.00

Late Charge

Paid Amount

162500.00

20124.00

Warrant No. 23 0030592353

25 - 217 / 441

RA

Pay Amount

\$182,624.00***

Pay

(614)466-5355

Warrant Date:

Invoice Number

HCPN00667GJ

HCPN00657GJ

11/13/2015

****ONE HUNDRED EIGHTY-TWO THOUSAND SIX HUNDRED TWENTY-FOUR AND 00/100 DOLLARS ****

VOID AFTER 90 DAYS

To The Order Of

COLEMAN PROFESSIONAL SERVICES INC

5982 RHODES RD KENT, OH 44240

Timothy S. Keen, Director Office of Budget Management